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Practitioner's Docket No. MPI03-025P1RNM
(703) 872-9306

PATENT

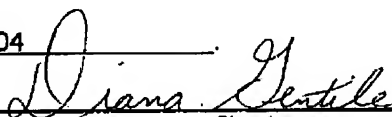
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Submitted herewith:

Preliminary Amendment Transmittal

(3 pages—in duplicate)

Preliminary Amendment

(3 pages)

Total

Pages (10 pages)
(Including this cover sheet)

TO/SB/97 (08-00)

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Practitioner's Docket No. MPI03-025P1RNM

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:	Xu, Haiyan et al.		
Application No.:	10/764,649	Group No.:	1646
Filed:	January 26, 2004	Examiner:	
For:	METHODS AND COMPOSITIONS FOR USE OF INFLAMMATORY PROTEINS IN THE DIAGNOSIS AND TREATMENT OF METABOLIC DISORDERS		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith for this application is/are:
 - a. This Preliminary Amendment Transmittal (3 pages - in duplicate); and
 - b. Preliminary Amendment (3 pages).

STATUS

2. Applicant is other than a small entity.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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Practitioner's Docket No. MPI03-025P1RNM**PETITION FOR EXTENSION OF TIME**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a _____ month extension:

Fee: \$ 0.00

Extension fee due with this request \$ 0.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)			(Col. 3)		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment			Highest No. Previously Paid For			Present Extra		Rate	Addit. Fee
Total	0	Minus	0	=	0	\$18.00	=	\$0.00	
Indep.	0	Minus	0	=	0	\$86.00	=	\$0.00	
First Presentation of Multiple Dependent Claims			0			\$290.00	=	\$0.00	
						Total Addit. Fee		\$0.00	

Total additional fee for claims required \$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.
If any additional fee for claims is required, charge Account No. 501668.

(Page 2 of 3)

Practitioner's Docket No. MPI03-025P1RNM

7. Correspondence Address

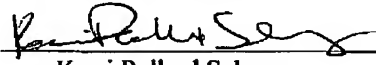
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April 13, 2004

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